Inside This Issue of JACC

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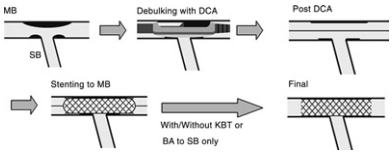

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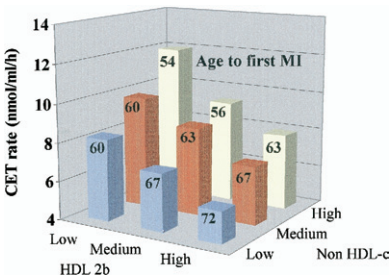
Interventional Cardiology

Debulking May Reduce Restenosis Rates for Bifurcation Lesions

The frequency of restenosis for bifurcation lesions is significantly higher than for nonbifurcation lesions; plaque shifting may be the culprit. The PERFECT (PrE Rapamycin-eluting stent FlExi-CuT) trial hypothesized that directional coronary atherectomy (DCA) prior to drug-eluting stent (DES) implantation could avoid the significant lumen reduction of the side branch (SB). Ninety-nine subjects were enrolled in this registry, and DCA was performed successfully without any major procedure-related events. Only 2 subjects required stenting in the SB. The 9-month binary restenosis rates in the main branch (MB) and SB were 1.1% and 3.4%, respectively. Directional coronary atherectomy before DES implantation can reduce the need for SB stenting and seems to reduce the frequency of restenosis, although a randomized trial will be needed. **See page 1941. See figure.**



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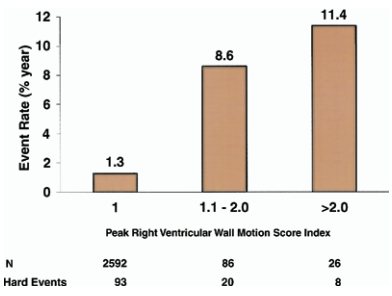
Atherosclerosis

Increased CETP Activity Correlates With Young Age at First MI

Cholesteryl ester transfer protein (CETP) catalyzes the transfer of cholesteryl esters from high-density lipoprotein (HDL) donors to apolipoprotein B-containing lipoprotein acceptors. Zeller and colleagues characterized CETP activity in patients suffering a first myocardial infarction (MI). The rate of cholesterol ester transfer (CET) correlated with CETP concentration, triglycerides, and non–HDL-cholesterol. Mean age at first MI was 8.5 years lower in the patients in the highest CET tertile than in those in the lowest. High CET rates seem to be atherogenic and correlate with high non–HDL-cholesterol levels and low HDL2b levels. **See page 1948. See figure.**



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Cardiac Imaging

RV Dysfunction During Stress Testing Predicts Poor Outcomes

Current guidelines do not recommend assessment of right ventricular (RV) function during stress testing. Bangalore and colleagues evaluated RV wall motion score index, based on a 3-segment model, in nearly 3,000 subjects referred for stress echocardiography who were then followed for up to 4 years. Seventy-eight percent of patients had both normal left ventricular (LV) and RV wall motion after stress, 18% had abnormal LV but normal RV wall motion, 4% had both abnormal LV and RV wall motion, and only 2 patients had normal LV but an abnormal RV wall motion after stress. Both rest and peak RV wall motion score indexes were significant predictors of cardiovascular events. This study demonstrates that RV wall motion analysis provides incremental prognostic value over rest and conventional stress echocardiography variables that focus only on the left ventricle. **See page 1981. See figure.**